

Complete form using BLACK INK. Due Date: 15th day of 3rd month following close of taxable year. Designated Agent Name Number and Street Suite Number City State ZIP (+ 4 digit suffix if known) A Federal Employer ID Number B Business Activity (NAICS) Code For 2014 or taxable year beginning and ending M M D D $\overline{M} \overline{M} \overline{D} \overline{D} \overline{Y}$ C State of Incorporation and Year D Check ✓ if applicable and attach explanation: 4 Short period - change in accounting period Enter abbreviation of . Amended return state in box, or if a 5 Short period - stock purchase or sale \overline{Y} Υ foreign country, enter 2 , First return - new corporation or entering Wisconsin below. The controlled group election is being made 3 Final return - corporation dissolved or withdrew for the first time. .00 2 Wisconsin apportionment percentage. Form 6, Part III, line 1d combined total. Check if 100% % .00 Wisconsin net nonapportionable and separately apportioned income. Form(s) N, line 14 .00 .00 Net capital loss adjustment. Form 6, Part III, line 5 combined total..... .00 Subtract line 6 from line 5..... .00 Loss adjustment for insurance companies. See instructions..... .00 Add lines 7 and 8. This is the Wisconsin income before net business loss carryforwards.00 .00 .00 .00 .00 Relocated business credit. If qualified, see instructions. If not qualified, enter 0....... 14 .00 Subtract lines 13 and 14 from line 12. If the total of lines 13 and 14 is more than line 12, enter zero (0). This is net tax00 .00 .00 .00 18 .00 .00 20 .00 .00 22 .00 23 .00 24 .00 .00 26 .00 Interest, penalty, and late fee due. Check the box if annualized on Form U..... Tax due. If the total of lines 19 and 27 is larger than 26, subtract line 26 from the total of .00 29 Overpayment. If line 26 is larger than the total of lines 19 and 27, subtract the total of lines .00 30 Enter amount from line 29 you want credited to 2015 estimated tax..... .00 Subtract line 30 from line 29. **This is your refund** 31 .00

Des	signated Age	nt Name					
Fed	eral Employe	er ID Number					
Re	conciliat	ion With Federal Consolidate	ed Return:				
1	amount o		the parent corporation(s) name, fed ral Form 1120. If there are more than onsolidated return, skip to line 2.				
	Parent C	ompany Name	<u>FEIN</u>	Form 1120, Line 28			
	Total fron	n the sum of all Forms 1120, line 2	8 listed in number one above		.00.		
2	List comp	panies whose federal returns are n	ot listed on line 1 that are in the Wisc	consin combined group.			
	Company	/ Name	<u>FEIN</u>	Form 1120, Line 28			
				00			
				00			
	Total fron	n the sum of all Forms 1120, line 2	8 listed in number two above	2	.00.		
3	Add lines	1 and 2			.00		
4		panies who are included in the fedent discoup members.	eral consolidated return from line 1, b	out are not Wisconsin			
	Company		<u>FEIN</u>				
_			8 listed in line 4 above				
			I Form 6, Part I, line 28 combined to				
_			this combined return				
7			s in the commonly controlled group to . Submit a schedule identifying each		.00.		
8	Enter tota	al gross sales corresponding to am	nount on line 7				
9			e located for audit purposes: City:				
10		ocations of Wisconsin operations:	· · · · · · · · ·				
		contact concerning this return:					
	Last Name: First Name:						
	Phone N	umber:					
	ird	Do you want to allow another person to	o discuss this return with the department?		No		
	rty signee	Designee's Name ▶	Phone No. ▶ ()	Personal Identification Number (PIN)			
Und	der penalti	es of law, I declare that this return a	and all attachments are true, correct, a		owledge and belief.		
	gnature of O		Title	Date			
Pı	eparer's Sign	nature	Preparer's Federal Empl	over ID Number Date			

You must file a copy of your federal return with Form 6, even if no Wisconsin activity.

If you are not filing your return electronically, make your check payable to and mail your return to:

See the instructions for a description of federal return information that must be filed with Form 6.

Wisconsin Department of Revenue PO Box 8908 Madison WI 53708-8908

Designated Agent Name Federal Employer ID Number



Part I: Modified Federal Taxable Income

	Corporation Name:				Elimination Adjustments		Combined <u>Totals</u>
1	Net receipts or sales	.00.	.00	.00.	.00	1	.00
а	Intercompany sales	.00	.00	.00.	.00	1a	.00
2	Cost of goods sold	.00.	.00.	.00.	.00	2	.00.
3	Gross profit. Subtract line 2 from line 1	.00	.00	.00.	.00	3	.00
4	Dividends	.00	.00	.00	.00	4	.00
5	Interest	.00	.00	.00.	.00	5	.00
6	Gross rents	.00	.00	.00.	.00.	6	.00
7	Gross royalties	.00	.00	.00.	.00	7	.00
8	Capital gain net income	.00	.00	.00.	.00	8	.00
9	Net gain or loss from U.S. Form 4797	.00	.00	.00.	.00	9	.00
10	Other income.	.00	.00	.00		10	.00
11	Total income. Add lines 3 through 10	.00	.00	.00.	.00	11	.00
12	Compensation of officers	.00	.00	.00.	.00	12	.00
13	Salaries and wages less employment credit			.00.	.00	13	.00
14	Repairs and maintenance			.00.	.00	14	.00
15	Bad debts	.00.		.00.	.00	15	.00
16	Rents			.00	.00	16	.00
17	Taxes and licenses	.00	.00	.00.	.00	17	.00
18	Interest	.00.	.00	.00.	.00	18	.00
19	Charitable contributions	.00.	.00	.00.	.00	19	.00
20	Depreciation	.00	.00	.00.	.00	20	.00
21	Depletion	.00	.00	.00	.00	21	.00
22	Advertising		.00	.00	.00	22	.00

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Designated Agent Name



Corporation Name: Combined Elimination FEIN: Totals Adjustments .00 23 .00 .00 24 .00 .00 Domestic production activities deduction00 .00 26 .00 .00 .00 Total deductions. Add lines 12 through 26.. .00 .00 .00 27 .00 Taxable income or loss. Subtract line 27 from line 11. The combined total should equal Form .00 28 .00 .00 Net capital gains included on line 28 (enter as a negative amount)..... .00 .00 29 .00 .00 Recomputed net capital gain, applying capital loss limitation at combined group level00 .00 .00 30 .00 .00 Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 28 (enter as a .00 .00 .00 31 Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying limitations at combined group level (enter as a .00 .00 .00 32 .00 Adjustment to defer or recognize intercompany income, expense, gain, or loss between group Other adjustments based on federal law (explain .00 34 Combine lines 28 through 34. Enter on Form 6, Part II, line 1, on the next page00 .00 .00 .00 35

Federal Employer ID Number

Designated Agent Name	Federal Employer ID Number



Part II: Unitary Income Computation

Corporation Name:	·			Elimination Adjustments		Combined <u>Totals</u>
1 Modified federal taxable income from Part I, line 35	.00			.00	1 .	.00.
2 Additions to income:						
Interest income from state and municipal obligations	.00	.00		.00	2a	.00
b State taxes accrued or paid	.00	.00	.00		2b	.00
c Related entity expenses (from Schedule RT Part I, Sch. 2K-1, and Sch. 3K-1)	.00	.00			2c	.00
d Domestic production activities deduction	.00	.00	.00	.00	2d	.00
e Expenses related to nontaxable income	.00	.00	.00	.00	2e	.00
f Percentage depletion	.00	.00	.00	.00	2 f	.00
g Total additions for certain credits computed	.00	.00			2g	.00
h Special additions for insurance companies	.00				2h	.00
i Basis, section 179, depreciation difference	.00	.00	.00		2i	.00.
j Other additions:						
i	.00	.00	.00	.00	2j-i	.00
ii	.00	.00	.00	.00	2j-ii	.00
iii	.00	.00			2j-iii	.00
iv	.00	.00	.00		2j-iv	.00
k Add lines 2j-i through 2j-iv	.00	.00	.00	.00	2k	.00.
I Total additions (add lines 2a through 2i plus line 2k)	.00	.00			21	.00
3 Total (add lines 1 and 2l)	.00.	.00	.00	.00	3	.00

Designated Agent Name

Corporation Name:				Elimination		Combined
FEIN:				<u>Adjustments</u>		<u>Totals</u>
4 Subtractions from income:						
Wisconsin subtraction modification for dividends (from Form 6Y, line 4)	.00	.00	.00		4a .	.00
b Related entity expenses eligible for subtraction	.00	.00.			4b	.00
c Income from related entities whose expenses were disallowed	.00	.00	.00	.00	4c	.00
d Subpart F income	.00	.00	.00	.00	4d	.00.
e Gross-up of foreign dividend income	.00	.00	.00	.00	4e	.00.
f Nontaxable income	.00	.00	.00	.00	4f	.00.
g Foreign taxes	.00	.00	.00	.00	4q	.00.
h Cost depletion	.00	.00	.00	.00	4h	.00
i Basis, section 179, depreciation difference,						
amortization of assets	.00	.00.			4i	.00
j Federal work opportunity credit wages	.00.	.00.		.00	4 j .	.00.
k Federal research credit expenses	.00	.00	.00.	.00	4k	.00
I Other subtractions:						
i	.00	.00	.00.	.00	41-i	.00.
ii	.00	.00			4l-ii	.00
iii	.00	.00	.00.	.00	41-iii	.00
iv	.00	.00	.00.	.00	4I-iv	.00
m Add lines 4I-i through 4I-iv	.00	.00	.00.	.00	4m	.00
n Nontaxable income from life insurance						
operations		.00			4n	.00
Job creation deduction (from line 7 of Schedule JC)	.00	.00	.00	.00	40	.00
p Total subtractions (add lines 4a through 4k, plus 4m through 4o)	.00	.00	.00	.00	4p	.00
5 Total (subtract line 4p from line 3)	.00	.00	.00	.00	5	.00
6 Net nonapportionable and separately apportioned income from Form N, line 8		.00	.00	.00	6	.00
7 Pre-apportioned income. Subtract line 6 from line 5		.00	.00	.00	7	
8 Combined unitary income. Subtract line 6 from line 5. Enter on Form 6, page 1 line 1					8	.00

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1a

Part III: Member's Share of Form 6 Items

	Corporation Name:			
	FEIN:			
1a	Apportionment numerator from column (a) of Form A-1 or Part II of Form A-2	.00	.00	.00
1b	Apportionment denominator from column (b) of Form A-1 or Part II of Form A-2	.00	.00	.00
1c	Enter combined total amount from line 1b	.00	.00	.00
1d	Apportionment percentage. Divide the amount on line 1a by the amount on line 1c	%	- %	%
	Check if apportionment is from Form A-2			
2	Multiply Part II, line 8, by line 1d	.00	.00	.00
3	Adjustment for current year loss offset (see instructions)	.00		.00
4	Wisconsin net nonapportionable and separately apportioned income (from Form N, line 14)	.00	.00	.00
5	Net capital loss adjustment (from Form 6CL, Part I, line 9e)	.00	.00	
6	Loss adjustment for insurance companies (from Schedule 6I, line 24)	.00	.00	.00
7	Wisconsin net business loss carryforward (from Part IV, line 18 of this form)	.00	.00	.00
8	Wisconsin net income (lines 2 + 3 + 4 - 5 + 6 - 7)	.00	.00	.00
9	Gross tax (generally = 7.9% x (lines 2 + 3 + 4 - 5 - 7). See instructions	.00	.00	.00
10	Nonrefundable credits (from Part V, line 5 of this form)	.00	.00	.00
11	Economic development surcharge:			
а	Enter gross receipts from all activities	.00	.00	.00
b	If line 11a is \$4 million or greater, fill in the member's gross franchise or income tax from Form 6, Part III, line 9	.00	.00	.00
С	Multiply line 11b by 3% (.03) and fill in the result. If the result is less than \$25, fill in \$25. If the result is more than \$9,800, fill in \$9,800	.00.	.00	.00

Combined Totals

.00

ıa	.00
1b	.00
1d	 %
2	 .00
3	 .00
4	 .00
5	.00
6	 .00
7	 .00
8	.00
9	 .00
10	 .00
11a	.00
11b	 .00
11c	 .00



Des	signated Agent Name		Federal Em	ployer ID Number		
	Corporation Name:FEIN:					Combined <u>Totals</u>
12	Wisconsin tax withheld (see instructions)	.00			12	.00
13	and from toots attended and one out	.00				
	-	.00	.00	.00		
	-	.00		.00	13	.00
Pa		-	.00	.00	1	.00
2	separately apportioned income from Part III,		.00.	.00		.00
3	Add lines 1 and 2		.00	.00	2 <u> </u>	.00.
4	,	.00	.00	.00	4	.00
5	Subtract line 4 from line 3	.00	.00		5	.00
6	Member's net business loss carryforward from Form 6BL, Part II, line 30, column (i) (Nonsharable) or the amount this member elected to use this period	.00.			6	.00
7	Enter the lesser of line 5 or line 6, but not less than zero	.00		.00.	7	.00.
8	Subtract line 7 from line 5	.00	.00	.00.	8	.00.



Designated Agent Name Federal Employer ID Number Corporation Name: FEIN: __-___ Combined Member's net business loss carryforward Totals from Form 6BL, Part II, line 30, columns (j) and (k) (Sharable) or the amount this **10** Enter the lesser of line 8 or line 9, but not .00 11 Subtract line 10 from line 9. This is your remaining sharable net business loss 12 Subtract line 7 and 10 from line 5. This is remaining income before sharing with other 12 _____ Sharable net business loss carryforward amount being shared with other members . .00 ____ .00 Sharable net business loss carryforward amount being shared with this member.00 ____ 00. .00 .00 Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 sharable net business loss carry-forwards . .00 Pre-2009 sharable net business loss carryforward being shared with other members . Pre-2009 sharable net business loss carryforward being shared with this member.00 .00 18 Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part III, 18

Federal Employer ID Number



Part V: Nonrefundable Credits

Designated Agent Name

Corporation Name: FEIN: 1 Summary of available nonrefundable credits from credit schedules: **1a** .00 _____.00 **1b** .00 _____ .00 1c .00 . _____ .00 1e_____ .00 .00 .00 .00 Add lines 1a through 1g......**1h** .00 .00 2 Enter the member's gross tax from Part III, .00 3 Enter the lesser of line 1h or line 2 .00 .00 4 If line 2 is less than line 1h and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 6CS, line 400 .00 5 Add lines 3 and 4. This is the amount to enter .00

Combined Totals

1h ..00
2 ..00
3 ..00

Designated Agent Name	Federal Employer ID Number



Part VI: Additional Member Information

rai	t vi. Additional Weilber Illion	illation			
	plete the information below for each nber of the combined group.	Corporation Name:			
	3	_			
		_			
		Street Address/PO Box:			
		City, State:	_		
		Zip Code:			
		FEIN:			
		NAICS:			
1	Member's state and year of incorporation	n	——————————————————————————————————————	——————————————————————————————————————	——————————————————————————————————————
2	Corporation's tax period included in this	return: Beginning	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\overline{M} \ \overline{M} \ \overline{D} \ \overline{D} \ \overline{Y} \ \overline{Y} \ \overline{Y} \ \overline{Y}$
		Ending	$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$
3	Member's taxable year end		M M D D	<u>M</u> <u>M</u> <u>D</u> <u>D</u>	M M D D
4	If you have an extension of time to file, e	enter extended due date	\overline{M} \overline{M} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y} \overline{Y}	$\overline{M} \overline{M} \overline{D} \overline{D} \overline{V} \overline{V} \overline{V} \overline{V} \overline{V}$	\overline{M} \overline{M} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y}
5	If IRS adjustments became final during tadjusted		W W T T T	W W V	IVI IVI D D T T T
6	Enter total gross receipts from all activiti	es	.00	.00	.00.
7	Total Wisconsin sales, receipts, or premi		00	00	20
•	ment ratio	_		.00.	
8	Total sales, receipts, or premiums includ	_	.00.		
9	Total Wisconsin payroll	_	.00.		
10	Total payroll	····· –	.00.		
11	Total Wisconsin tangible property		.00	.00.	.00.
12	Total tangible property		.00	.00.	.00
13	Enter total assets from federal Form 112	20	.00	.00	.00.

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	Corporation Name:			_ ,				
	FEIN:			_				_
14	Was the member excluded from a combined group in another state?	Yes	No	14 Yes	No	Yes	No	
15	Did the member file a separate Wisconsin return or was included in another group?	Yes	No	15 Yes	No	Yes	No	
16	Was the member an insurance company?	Yes	No	16 Yes	No	Yes	No	
17	Was the member a tax exempt corporation?	Yes	No	17 Yes	No	Yes	No	
18	Did the member file a final return?	Yes	No	18 Yes	No	Yes	No	
19	Did the member join the group during the year?	Yes	No	19 Yes	No	Yes	No	
20	Did the member leave the group during the year?	Yes	No	20 Yes	No	Yes	No	
21	Was this a short period return because of a change in accounting method?	Yes	No	21 Yes	No	Yes	No	
22	Was this a short period return because of a stock purchase or sale?	Yes	No	22 Yes	No	Yes	No	
23	Was this member the sole owner of any disregarded entities? If yes, prepare and submit Schedule DE with this return for each member	Yes	No	23 Yes	No	Yes	No	
24	Was the income from the disregarded entities in question 23 included in this return?	Yes	No	24 Yes	No	Yes	No	
25	Did the member purchase any taxable products or services for storage, use or consumption in Wisconsin without payment of sales or use tax?	Yes	No	25 Yes	No	Yes	No	
26	Are any manufacturing facilities located in Wisconsin?	Yes	No	26 Yes	No	Yes	No	
27	Did the member file federal Schedule UTP - Uncertain Tax Position Statement? If yes, include with this return	Yes	No	27 Yes	No	Yes	No	
28	Did the member file federal Form 8886 - Reportable Transaction Disclosure Statement? If yes, include with this return	Yes	No	28 Yes	No	Yes	No	a G

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